

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760127

Entity Name: FLORIDA MORTICIANS' ASSOCIATION, INC.**Current Principal Place of Business:**551 W CAROLINA ST
TALLAHASSEE, FL 32301**Current Mailing Address:**551 W CAROLINA ST
TALLAHASSEE, FL 32301 US**FEI Number:** 59-2926726**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAWRENCE, DARRELL
551 W CAROLINA ST
TALL, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN
Name	KURTZ, RICHARD A
Address	1305 N.W.6TH STREET
City-State-Zip:	FT LAUDERDALE FL 33311

Title	TD
Name	BOYD-DORSEY, ERMA J
Address	2966 DR. MLK JR. BLVD.
City-State-Zip:	FT. MYERS FL

Title	SD
Name	LAWRENCE, DARRELL
Address	551 W CAROLINA ST
City-State-Zip:	TALLAHASSEE FL 32301

Title	PRESIDENT
Name	HAYES, TOMMY
Address	28 W WOODWARD AVENUE
City-State-Zip:	EUSTIS FL 32726

Title	TD
Name	GAINES, SAMUEL T
Address	317 N 7TH ST
City-State-Zip:	FT PIERCE FL 34950

Title	VP
Name	ROCKER, RODNEY
Address	551 W CAROLINA ST
City-State-Zip:	TALLAHASSEE FL 32301

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DARRELL L LAWRENCE**SECRETARY****04/26/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date